



Clinical Congress News

The American College of Surgeons • 80th Clinical Congress • October 9-14, 1994 • Chicago

At Presidential Address

Uniqueness of American surgery extolled

The achievements of American surgery have been unparalleled over this century and now serve in many respects as the model for the Western world," Alexander J. Walt, MD, FACS, the newly installed President of the College, said in his Presidential Address last evening.

Dr. Walt shared with the audience some highlights of the "unprecedented flow of new scientific breakthroughs and technical advances in American surgery," typified, he said, in the early 1950s by the advent of cardiopulmonary bypass and open heart surgery, carotid and other vascular endarterectomies and substitutions, the development of highly sophisticated intensive care units, and the wonders of successful organ transplantation.

During the presentation entitled "The Uniqueness of American Surgical Edu-

cation and Its Preservation," which he delivered at the conclusion of Convocation ceremonies in the Chicago Hilton and Towers, Dr. Walt enumerated the distinctive characteristics of American surgical education, including "self-sufficiency, a fierce pride in performance, a competitiveness that encourages continuing competition, enthusiasm, and a sense of mission."

Dr. Walt stated that "education is not an incidental byproduct of service and is one of the great pillars of this republic. Medicine is a moral endeavor and, within it, surgery — by virtue of its intrinsic violence — has magnified visibility. We cannot escape the uniqueness of our obligations, which has to be matched by the cultivation of integrity, altruism, equanimity, patience, and unflagging attention to our patients. Our surgical educational process must therefore promote the

training of heads as well as hands," he said.

Dr. Walt told the audience that it is "in the American tradition" to engage in great national discourses. "We are currently in the vortex of a painful debate on health care, and I welcome one of equal intensity on surgical education without the corrosive partisanship of the health reform debate," he said.

"As we move toward a world of minimally invasive surgery, therapy directed by three-dimensional imaging, robotic-directed surgery, telesurgery, so-called trackless surgery without incision, gene insertions, and artificial organ transplants, we have to open our imagination to the fantastic technological changes on the horizon and adjust our educational perspectives accordingly," Dr. Walt said.

"Simultaneously, because of the detachment of technology, which has no

interest in good or evil, it becomes more vital than ever that we reinforce in our educational programs the eternal human values of medicine, because ultimately we exist only for our patients," Dr. Walt said.

"The gestation of this College was provoked by a desire to serve our patients by raising the standards of surgery through education in all its ramifications. Content, structure, hospital environment, quality assessment, and peer review have been features of our educational concerns in all the 81 years of our existence....If we seek to remain what I regard as the preeminent graduate medical education system in the world, we have work to do. It would be in the finest tradition of this College to serve as the millennial enzyme in this pursuit," Dr. Walt concluded.

Dr. Leffall chosen as ACS President-Elect

LaSalle D. Leffall, Jr., MD, FACS, the former Secretary of the College, was named President-Elect yesterday afternoon at the Annual Meeting of Fellows and Initiates, which took place at Arie Crown Theatre in McCormick Place.

Dr. Leffall, who is the Charles R. Drew Professor and chairman of the department of surgery at Howard University School of Medicine, Washington, DC, will be installed as President at the 1995 Clinical Congress in New Orleans, LA.

Dr. Leffall received a medical degree in 1952 from Howard University Hospital College of Medicine, ranking first in his class. He continued his medical training as an intern at Homer G. Phillips Hospital, St. Louis, MO, 1952-1953; assistant resident in surgery at Freedmen's Hospital, 1953-1954 and 1955-1956; assistant resident in surgery at the Washington, DC, General Hospital, 1954-1955; chief resident in sur-

gery at Freedmen's Hospital, 1956-1957; and senior fellow in cancer surgery, Memorial Sloan-Kettering Cancer Center, 1957-1959.

Dr. Leffall began his military career at the rank of captain, M.C., serving as chief of general surgery, U.S. Army Hospital, Munich, Germany, 1960-1961. His membership on Howard University's faculty began in 1962 as assistant professor, continued through appointments as acting dean, and culminated in his assuming in 1970 his current position of professor and chairman of the department of surgery.

Dr. Leffall became a Fellow in 1964. He served as Secretary of the College from 1983 to 1992. He has served on numerous committees of the College, including the Commission on Cancer (1971-1981), Communications Committee (1983-1987), Education Committee (1983-1987), Finance Committee (1985-1992), Committee on Physician Reim-

(continued on page 2)



Dr. Leffall, President-Elect, and his wife, Ruth.

Dr. Hermann receives DSA

The Distinguished Service Award (DSA), the highest honor awarded by the College, was presented to Robert E. Hermann, MD, FACS, of Cleveland, OH, yesterday afternoon at the Annual Meeting of Fellows and Initiates.

Dr. Hermann has served the College as Chairman of the Board of Governors and of the Development Committee, and as a member of the Committee on Motion Pictures, the International Relations Committee, and the Nominating Committee of Fellows. He also served as President and Treasurer of the College's Ohio Chapter and as a member of the Ohio Credentials Committee.

A graduate of the Washington Uni-

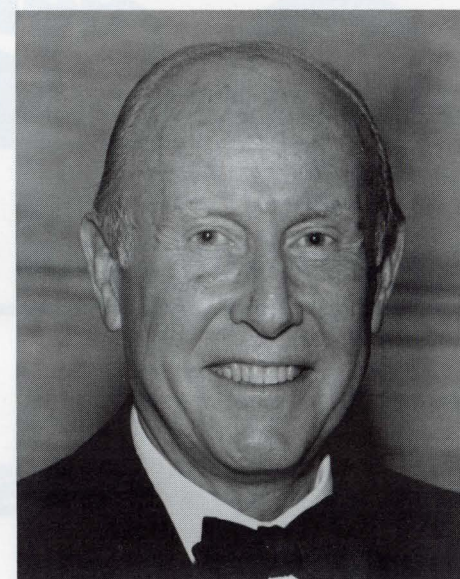
versity School of Medicine, St. Louis, MO, Dr. Hermann has been on the staff of the department of general surgery at Cleveland Clinic Foundation since 1962. He served as department chairman from 1969 to 1992, and as chairman of the medical staff from 1967 to 1968; he has been senior surgeon in the department since 1992.

He has served as a distinguished member of the board of trustees of the Cleveland Clinic Foundation, and as a member of the editorial board of the *Cleveland Clinic Journal of Medicine*. Dr. Hermann is also clinical professor of surgery at Case Western Reserve University School of Medicine.

In addition to the distinctive service

Dr. Hermann has given to the Cleveland Clinic Foundation, he has been a member of the Residency Review Committee for Surgery and the Accreditation Council for Continuing Medical Education. Dr. Hermann has been a dedicated participant in a number of eminent surgical societies, and has served as president of several of them. He served as a captain in the U.S. Army Medical Corps in Germany from 1956 to 1958.

The College's Board of Regents is pleased to recognize Dr. Hermann's outstanding contributions to his country, his patients, and his community by naming him the 1994 recipient of its highest honor.



Dr. Hermann

PRESIDENT-ELECT, from page 1

bursement (1985-1992), and Committee on Development (1993). In addition, he was chosen as the Ethics and Philosophy Lecturer at the 1993 Clinical Congress, as well as the Excelsior Surgical Society Edward D. Churchill Lecturer at the 1994 Spring Meeting.

A diplomate of the American Board of Surgery and a fellow of the American College of Gastroenterology, Dr. Leffall has been visiting professor and guest lecturer at more than 200 medical institutions in the U.S. and other parts of the world. He has authored or coauthored more than 120 articles and chapters.

Dr. Leffall has served at the highest levels in numerous professional organizations, including: president, American Cancer Society; president, Society of Surgical Oncology; president, Society of Surgical Chairmen; president, Washington Academy of Surgery; vice-president, Society for Surgery of the Alimentary Tract; second vice-president, American Surgical Association; and chairman, board of governors, United Way of America.

Among his numerous honors and awards are: Presidential Award, ACS Washington, DC, Chapter; Human Service Award, National Task Force for Senior Citizens; James Ewing Medal and Lucy Wortham James Medal, So-

ciety of Surgical Oncology; and Outstanding Service Award, National Medical Association. In 1987, the Biennial LaSalle D. Leffall Jr. Award was established by the M.D. Anderson Hospital and Tumor Institute, Houston, TX, recognizing his contributions to cancer prevention, treatment, and education in minority and economically disadvantaged communities. In 1992, he was named the Charles R. Drew Professor, occupying the first endowed chair in the department of surgery at Howard University.

In other actions taken yesterday, the Fellows named Frank R. Lewis, Jr., MD, FACS, Detroit, MI, as First Vice-President-Elect, and Ward O. Griffen, Jr., MD, FACS, Lexington, KY, as Second-Vice-President-Elect.

Dr. Lewis is chairman of the department of surgery, Henry Ford Hospital, Detroit, MI. He has been a Fellow of the College since 1975, and has served as Chairman of the Board of Governors (1991-1993) and on the Governors' Committee on Surgical Practice in Hospitals.

Dr. Griffen is professor and chairman of the department of surgery, University of Kentucky Medical Center, Lexington, KY. He has been a Fellow of the College since 1967 and is a past executive director of the American Board of Surgery.



Dr. Lewis, First Vice-President-Elect



Dr. Griffen, Second Vice-President-Elect

Registration totals

As of Thursday afternoon, total registration for the Clinical Congress was 16,358. Of that number, 8,942 were physicians and 7,416 were exhibitors, guests, spouses, or convention personnel.

Clinical Congress News

VOLUME 45 NUMBER 5

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Published daily October 9-14

Office: Room E263

McCormick Place East

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The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

Aaron Medical Industries, Inc.; Aesculap Instruments; ASSI; Bard Vascular; Cogent Light; CORE Dynamics; Cryomedical Sciences, Inc.; LORAD Medical Systems; Luxtec Corporation; Meadox Medicals, Inc.; MedChem Products, Inc.; MegaDyne Medical Products, Inc.; Microsurg Inc.; Miles Inc.; Orascope Research; Research Medical, Inc.; Taut Inc.; Thompson Surgical Instruments, Inc.; United States Surgical Corporation; Wilson-Cook Medical Inc.; Carl Zeiss, Inc.

The best is yet to be...if surgeons plan ahead

"As surgeons, we like to think we're constantly getting better...but as with the rest of the population, we are experiencing the effects of aging," said Lazar J. Greenfield, MD, FACS, moderator and a presenter at Thursday's Board of Governors' Committee on Physicians' Health panel discussion. Dr. Greenfield is Coller Professor and chairman of the department of surgery, University of Michigan, Ann Arbor.

The potential problems of the aging surgeon, he said, have been publicized to the extent that they have been examined in a prime time television program. What this means for aging surgeons, he continued, is that they need to be aware of and accept the process and signs of aging.

An older worker, Dr. Greenfield said, is someone over the age of 40. Applied ergonomics studies indicate that over age 40, performance is slowed, the ability to learn new skills is decreased, health is poorer, and higher rates of irritability and rigidity appear. Over age 45, he continued, there is reduced mobility, a decline in muscle strength, and definite visual problems.

He said that surgeons must prepare for an inevitable decline in their physi-

cal prowess. Several studies by surgical associations, he continued, reveal that "an impressive number of surgeons have no or minimal plans" for their retirement.

Dr. Greenfield said that he believes there are three traits that limit surgeons from accepting the aging and retirement process: (1) Surgeons have poor self-esteem. Most people might not readily admit this, he said, but "surgeons identify with what they *do* instead of who they *are*." (2) Although surgeons deal with death on a routine basis, it is the death of others. Dr. Greenfield said, "Surgeons tend to reject or ignore their own mortality," while most of the population begins to accept it around the age of 40. (3) Resistance to change.

To cope with necessary retirement, Dr. Greenfield suggests planning ahead and leaving an active practice gradually. And, he said, there are alternatives to practicing surgery, such as administrative, teaching, or consultative positions.

He concluded by reminding surgeons that "we should maintain the same standards at the end of our career as we demand at the beginning."

Norman M. Rich, MD, FACS, of the Uniformed Services University of the Health Sciences (USUHS), Bethesda, MD, then spoke of the extraordinary

value experienced surgeons have in training institutions. "Experienced people can remind younger ones of the past," he said.

Dr. Rich mentioned the "instant academic credibility" of such well-known surgeons as Drs. Sabiston, Robb, Rignault, Eiseman, Drucker, Hughes, and Hutton. All these surgeons, he said, made phenomenal contributions to surgery, either military or civilian, and brought this experience with them to the USUHS.

Dr. Rich reminded the audience that shared experiences with younger surgeons not only can help shape the future, but can help to prevent mistakes from the past.

Leonard G. Armstrong, Albuquerque, NM, a first vice-president with Merrill Lynch and a consulting specialist in investment policies, spoke about returns, risks, and reality.

Reality, he said, regarding life expectancy, is that surgeons may spend 20 to 40 years in retirement. Mr. Armstrong said he finds statistics regarding surgeons' failure to plan for retirement distressing, and told the audience, "You may outlive your asset beds."

Surgeons, he continued, appear psychologically resistant to their mortality, a potentially financially devastating condition. He said that recent studies

indicate that less than 10 percent of retired surgeons planned financially for their retirement, which he considers to be "committing financial malpractice on yourself."

"Keep time your ally," Mr. Armstrong said, "payoffs take time." Mr. Armstrong said that some people believe that money compounds at 20 to 30 percent a year, and fail to start an investment program early. Reiterating the importance of time, Mr. Armstrong said that only in 14 of the past 200 years have interest rates been over 8 percent.

In order for surgeons to keep the same purchasing power they have during their active years, Mr. Armstrong said that upon retirement they annually need 70 percent of their present salary. Current statistics indicate that surgeons' salaries, on average, drop 36 percent after retiring.

As a caveat to his audience, Mr. Armstrong told them that their high income and generally proud egos "make you targets of most of the skill games around," such as pension and profit-sharing frauds.

Mr. Armstrong advised surgeons to take three steps to retirement planning: (1) start saving early; (2) plan, with professional assistance, early; and (3) diversify your investments.

Congress Chronicle

Responsibility of heritage

Fred W. Rankin, MD, FACS, of Lexington, KY, delivered the Fellowship Address, entitled "The Responsibility of a Heritage," at the 39th Clinical Congress that was held in Chicago in October 1953.

Dr. Rankin told the audience: "With this College for the background, with the opportunities and responsibilities that Fellowship in it bestows, deviations in moral rectitude are incompatible with the traditions of the past. It is the function and duty of this College, of which you newly admitted Fellows are the youngest acolytes, to carry forward the torch in a manner consonant with our heritage. This, indeed, may be our destiny."

CME Credit

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The American College of Surgeons designates that this continuing medical education offering also meets the criteria for hour-for-hour credit in Category 1 as outlined by the American Medical Association for the Physicians' Recognition Award.

To record your attendance for continuing education and recertification requirements, use the card inserted in the back of the official Program Book. If you have lost your card, you may obtain an extra copy at the Help Center in McCormick Place. These cards are for your personal record and in most circumstances do not need to be validated.



Men of knowledge discussed men of renown during Monday's Science and Humanism Seminar on "Problems of Surgical Illness in Famous People." Pictured, from left to right, are speaker Professor Harold Ellis, CBE, FACS(Hon); moderator C. Rollins Hanlon, MD, FACS; and speaker Oliver H. Beahrs, MD, FACS.

ACS Regents and Governors named

The ACS Board of Governors has elected Ronald E. Rosenthal, MD, FACS, and Edward R. Laws, Jr., MD, FACS, as Regents of the College.

Dr. Rosenthal is associate chairman, department of orthopaedic surgery, Long Island Jewish Medical Center, New Hyde Park, NY. He has been active on the College's Committee on Trauma and the Advisory Council for Orthopaedic Surgery. Dr. Rosenthal will serve an initial three-year term as Regent.

Dr. Laws is professor of neurosurgery and of medicine at the University of Virginia Health Sciences Center, Charlottesville, VA. He has served on the Advisory Council for Neurosurgery, the Credentials Committee (Washington, DC, Chapter), the Governors' Committee on Surgical Practice in Hospitals, the Nominating Committee of Fellows, and the Committee on Medical Motion Pictures. Dr. Laws will serve an initial three-year term as Regent.

Reelected to additional three-year terms as Regents were Roger S. Foster, Jr., MD, FACS, Atlanta, GA; Thomas J. Krizek, MD, FACS, Tampa, FL; Richard R. Sabo, MD, FACS, Bozeman, MT; Seymour I. Schwartz, MD, FACS, Rochester, NY; and Paul H. Ward, MD, FACS, Los Angeles, CA.

The Board of Governors reelected Richard J. Finley, MD, FACS, to a second one-year term as Chairman, and Hugh H. Trout III, MD, FACS, to a second one-year term as Vice-Chairman. Elected as Secretary for a one-year term was Edward M. Copeland III, MD, FACS. Dr. Copeland is the Edward R. Woodward Professor and chairman, department of surgery, University of Florida College of Medicine, Gainesville, FL.

In other actions, the Board of Gover-

nors named David L. Nahrwold, MD, FACS, to an initial two-year term on the Executive Committee. Dr. Nahrwold is professor and chairman, department of surgery, Northwestern University Medical School, Chicago, IL.

Reelected to a second two-year term on the Executive Committee was Martin B. Camins, MD, FACS.

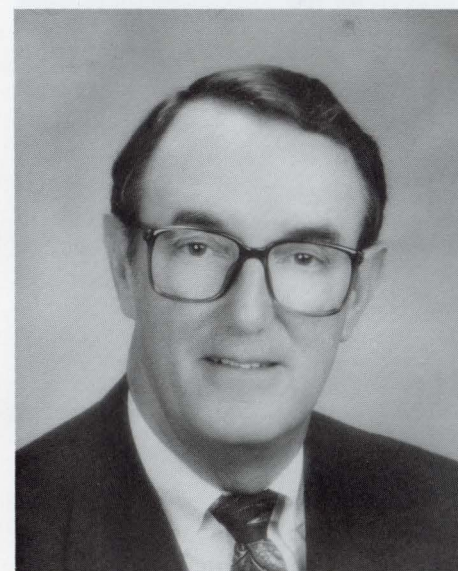
In addition, the following individuals were elected Governors:

Governors-at-Large

Richard Carter, California; Arthur W. Fleming, California; John N. Goodwin, California; Thomas V. Berne, California; Ronald G. Latimer, California; Douglas P. Grey, California; Herbert A. Berkoff, California; Robert C. Lim, Jr., California; Steven N. Parks, California; Arthur Stanten, California; K. Jan Bossart, California (two-year unexpired term); Jan S. Hildebrand, Colorado; Joseph A. Bardenheier III, Connecticut; Shah Morovati, Delaware; Theron T. Knight, Jr., Florida; James W. Large, Florida; A. Frederick Schild, Florida; Robert B. Smith III, Georgia; Philip E. Donahue, Illinois; Frank A. Folk, Illinois; Susan R. Luck, Illinois; Peter M. Schwab, Illinois; Thomas A. Broadie, Indiana; Luke C. Faber, Iowa; Paul H. Kindling, Kansas; Edward Z. Walworth, Maine; Frederick W. Walker, Maryland; Gardner W. Smith, Maryland; Glenn D. Steele, Jr., Massachusetts; Nicholas P.W. Coe, Massachusetts; Angelos A. Kambouris, Michigan; Larry J. Robson, Michigan; Henry B. Tyler, Mississippi; Charles F. Rinker III, Montana; F. William Karrer, Nebraska (one-year unexpired term); B. Norman Brown, Nevada; Ames L. Filippone, Jr., New Jersey; Rudolph C. Camishion, New Jersey; Brian G. Miscall, New Mexico; Neil Lempert, New York; John A. Savino, New York;



Dr. Laws, Regent



Dr. Copeland, Board of Governors Secretary

Arthur G. Lerner, New York; Walter F. Pizzi, New York; Anthony M. Pennisi, New York (one-year unexpired term); Calvin L. Rasweiler, New York; Barry S. Savits, New York; W. Frederick McGuirt, North Carolina; Robert W. Zarrett, North Dakota; Josef E. Fischer, Ohio; Richard B. Fratiante, Ohio; Richard B. Reiling, Ohio; D. Ross Irons, Ohio; Donald R. Carter, Oklahoma; James O. Finnegan, Philadelphia; R. Douglas Cassel, Philadelphia; Louis Vito, Rhode Island; Robert E. Askew, Texas; Marion R. Lawler, Jr., Texas; Ronald P. Fischer, Texas; Edward C. Saltzstein, Texas; John W. Freese, Texas; John T. Preskitt, Texas; Michael S. McArthur, Texas; Robert E. Berry, Virginia; Eric P. Mantz, West Virginia; Harold D. Thomason, Wyoming; Nathan E. Wiseman, Manitoba; Paul M. DuBois, New Brunswick; Alan H. Kwan, Newfoundland; David B. Ashby, Prince Edward Island; Robert D.A. Cameron, Saskatchewan; Sir Terence English, England; Jean E. Murat, France; Christian H. Herfarth, Germany; John Wong, Hong Kong; Sandip Mukerjee, India; Shojaeeddin Sheikholeslamzadeh, Iran (one-year unexpired term); Sami A. El-Boghdadly, Saudi Arabia (two-year unexpired term); Johannes A. Myburgh, South Africa; Jae Duk Lew, South Korea; Manuel Galofre, Spain.

Specialty Governors

Charles L. Puckett, American Association for Hand Surgery; Arthur L. Day, American Association of Neurological Surgeons; Bruce D. Browner, American Academy of Orthopaedic Surgeons; Donald S. Gann, American Association for the Surgery of Trauma; Floyd D. Loop, American Association for Thoracic Surgery; James L. Breen, American College of Obstetricians and Gynecologists; Richard C. Maurer, American Orthopaedic Association; Ronald M. Burde, American Ophthalmological Society; Robert W. Barnes, Association of Program Directors in

Surgery; Helmuth Goepfert, American Society for Head and Neck Surgery; E. F. Shaw Wilgis, American Society for Surgery of the Hand; John G. Allison, Association for VA Surgeons; Mary C. McCarthy, Association of Women Surgeons; James H. Maxwell, Central Association of Obstetricians and Gynecologists; C. William Schwab, Eastern Association for the Surgery of Trauma; Samuel D. Porter, Midwest Surgical Association; Capt. Bimal C. Ghosh, Department of the Navy; Clive O. Callender, National Medical Association; Wayne M. Swenson, Society for Clinical Vascular Surgery; Stanley L. Minken, Southeastern Surgical Congress; James T. Helsper, Society of Head and Neck Surgeons; Terry W. Hensle, Society of Pediatric Urology; Rayford S. Jones, Southern Surgical Association; Gayle E. Woodson, Society of University Otolaryngologists; Naji N. Abumrad, Society of University Surgeons; Thomas J. Rohner, Jr., Society of University Urologists; John R. Benfield, Western Thoracic Surgical Association.



Dr. Nahrwold, Board of Governors Executive Committee

Allied Meetings

Friday

Society of University Urologists

7:30 am - 11:45 am. Breakfast meeting.
Hilton & Towers, 3rd floor, PDR #1.

American Society of Colon & Rectal Surgeons

3:00 pm - 10:30 pm. Meeting.
Hilton & Towers, 3rd floor, PDR #2.

American Society of Colon & Rectal Surgeons, Executive Council

7:00 pm - 8:00 pm. Dinner.
Hilton & Towers, 3rd floor, PDR #1.

Saturday

American Society of Colon & Rectal Surgeons, Executive Council

7:30 am - 9:00 am. Breakfast.
Hilton & Towers, 3rd floor, PDR #3.

American Society of Colon & Rectal Surgeons, Executive Council

7:30 am - 4:00 pm. Meeting.
Hilton & Towers, 3rd floor, PDR #1.

American Society of Colon & Rectal Surgeons, Executive Council

12:00 noon - 1:30 pm. Luncheon.
Hilton & Towers, 3rd floor, PDR #3.